

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007681

**FILED**  
**Jan 30, 2010**  
**Secretary of State**

**Entity Name:** TREASURE COAST COMMUNITY COALITION, INC.

**Current Principal Place of Business:**

2026 SE OCEAN BLVD  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2026 SE OCEAN BLVD  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 27-0705806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLDS, LISA  
2026 SE OCEAN BLVD  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** OLDS, LISA  
**Address:** 2026 SE OCEAN BLVD  
**City-St-Zip:** STUART, FL 34996

**Title:** T  
**Name:** COLLINS, CHAD  
**Address:** 10570 S FEDERAL HWY SUITE 300  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** VP  
**Name:** KRAMER, SYLVIE  
**Address:** 117 ATLANTIC AVE.  
**City-St-Zip:** FORT PIERCE, FL 36950

**Title:** S  
**Name:** SUZANNE, WEED  
**Address:** 2814 S. US HIGHWAY 1 SUITE D4  
**City-St-Zip:** FORT PIERCE, FL 34982

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LISA OLDS

P

01/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date